



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
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INSTRUCTIONS FOR APPOINTMENT FORMS
AID-LI-I48, AID-LI-I48-AGENCY, AND AID-LI-I48-A

FORM AID-LI-I48 --- AGENT APPOINTMENT

This form may be typed, printed in ink or computer generated. All information is required.

1. Complete the full name of the appointing insurance company.
2. Complete the NAIC number of the appointing insurance company.
3. Complete the full address of the appointing insurance company.
4. Complete the agent's social security number.
5. Complete the agent's name.
6. Complete the agent's address including the state and zip.
7. Complete the lines for which the company is appointing the agent.
8. Date the form the date it is signed.
9. The form must be dated and signed by an authorized individual of the insurance company. Please print the name of the authorized individual under their signature.
10. Submit a copy of the completed form along with a self-addressed stamped envelope. **Please Note: If the form is not submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.**

FORM AID-LI-I48-AGENCY --- AGENCY APPOINTMENT

This form is for first time agency appointments. The form may be typed, printed in ink, or computer generated. All information is required.

1. Complete the name of the company, company NAIC number and the company's address.
2. Complete the agency tax identification number.
3. Complete the full and legal name of the agency as licensed in Arkansas.
4. Complete the agency's address including state and zip.
5. Complete the lines of authority for which the agency is to be appointed.
6. Complete the agent's social security number, the agent's name, the lines the agent is to be appointed, and the agent's state of residence.
7. The form must be dated and signed by an authorized individual of the insurance company. Please print the name of the authorized individual under their signature.
8. Submit a copy of the completed form along with a self-addressed stamped envelope. **Please Note: If the form is not submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.**

FORM AID-LI-I48-A --- AGENCY AMENDED APPOINTMENT

The form may be typed, printed in ink, or computer generated. All information is required.

1. Complete the name of the company, company NAIC number and the company's address.
2. Complete the agency tax identification number.
3. Complete the full and legal name of the agency as licensed in Arkansas.
4. Complete the agency's address including state and zip.
5. Complete the agent's social security number.
6. Complete the agent's full legal name.
7. Complete the agent's address including state and zip.
8. Complete the lines of authority the agent is to have with the company under the agency license.
9. The form must be dated and signed by an authorized individual of the insurance company. Please print the name of the authorized individual under their signature.
10. Submit a copy of the completed form along with a self-addressed stamped envelope. **Please Note: If the form is not submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.**